New England Deaconess Hospital
Boston, Massachusetts

pulse

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Rehabilitation is theme of stroke conference

Stroke! It is the third leading cause of death in the United Stated, taking 200,000 lives each year. Yet today there is new hope for stroke victims. Among the 1,620,000 living Americans who have had strokes, many have been rehabilitated and are leading productive lives.

A stroke occurs when oxygen-rich blood is cut off on its way to the brain. How a person is affected depends largely on what part of his brain has been damaged and how widespread the damage is. He may lose control of his speech, his hands, or his entire body.

Stroke was the subject of a conference sponsored by the nursing service of the New England Deaconess Hospital on September 24-26 in the Joslin Auditorium. Although this is the second year the conference was held, it was the first time staff from other hospitals were invited and over 100 people attended.

Sylvia Nott, R.N., nurse clinician in rehabilitation, bends staff nurse Nancy Sharkey's knee to her chest to demonstrate full flexion of the hip. This exercise is performed on stroke patients to prevent further disability and to maintain mobility of the joints.

Participants from the Deaconess included Dr. H. Steven Kott and Dr. Simeon Locke, neurologists; Sylvia Nott, R.N., nurse clinician in rehabilitation; Nancy Rizzo, R.P.T., chief physical therapist; Gerald Cubelli, director of social service; Ruth Durham, social worker; Dorothy Bernstein, R.N., coordinator of continuing care; Ann Hurley, R.N., staff education; Nancy Sharkey, R.N., staff nurse; and Ellen D. Howland, R.N., director of nursing.

The thrust of the conference was on rehabilitation of the stroke patients. Nursing, physical therapy, and speech assessment were discussed. The psychological and psychosocial implications for patient and family and the patient's resocialization were covered. Other topics were patient management, occupational therapy, and bowel and bladder training.

Miss Hurley and Miss Sharkey demonstrated exercises that a nurse can do to prepare her body for the lifting and moving of the stroke patients with whom she works. Miss Rizzo and Miss Nott demonstrated positioning, transfer techniques, exercising, ambulation, bracing, and range of joint motion.

Two stroke patients who received care at New England Deaconess Hospital during the acute phase of their illness returned to share with the audience some of their fears and frustrations during this period. They also demonstrated how supportive nur-

(Continued on page 4)

Class of '77 arrives at Harris Hall

There was variety in age, background, and origin when the class of 1977 entered Harris Hall on September 23 to begin their freshman year at the New England Deaconess Hospital School of Nursing.

One girl is from Canada, one from Indiana, and another from Ohio, and with the exception of three girls from New york, everyone else is from New England. Massachusetts alone has 42 representatives. Two young men round out the roster. Of the 65 member class, there are 13 students with advanced education, as two have bachelors degrees.

The class of 1977 was all facts and figures until their arrival at the School and then the statistics turned into personalities. The students were all eager to get acquainted and exchanged information about themselves as they pulled trunks from cars and loaded elevators with boxes and bags. As the freshmen unpacked and made themselves at home, the bare walls of the dormitory rooms in Harris Hall were transformed into colorful displays of individuality.

For many families, moving into Harris Hall was something they had done before. Mothers, sisters, and aunts of ten freshmen are alumnae of the school and the trip to Harris Hall on that crisp September day brought back memories of their first day as freshmen years ago.

Time goes quickly, as the new freshmen will soon find out. Their arrival will already be a memory when, hardly unpacked, they begin their first nursing classes. The candlelighting ceremony will pass quickly and despite lots of hard work and good times in between, two more freshmen classes will arrive. And their own graduation will come faster than they can believe. Maybe one day they will be bringing daughters and sons of their own to the new school and wondering, as their mothers do, where the time has gone.

Director of Nursing Ellen D. Howland offers refreshments to Freshmen Jonathan S. Rozwenc and Michael Stewart (l.).

Friends of the Deaconess plan Christmas activities

Christmas festivities for 1974 will begin with the Annual NEDH Christmas Bazaar, sponsored by the Friends of the Deaconess and the School of Nursing. It will be held Friday, December 6, at 9 A.M. in the Farr lobby.

Booths of delectable candy and delightful handmade articles will be set up to tempt and tantalize, and there will be displays of flowers, books, clothes, toys and gifts. Baked goods will be contributed by the doctors' wives. You too can contribute to the bazaar. Donations of handmade or saleable items can be given to Mrs. Irma A. Kellner, director of volunteers. As the date of the bazaar draws near, a barrel will be placed in the Farr lobby to collect contributions for the white elephant table.

Mrs. Lauriston Ward, Jr., president of the Friends and coordinator of the bazaar, welcomes participation from everyone in the hospital. All proceeds from the bazaar go to the School of Nursing Scholarship Fund.

Another event planned by the Friends is the Annual Christmas Open House. This year the date will be Sunday, December 15 and the place, the Farr lobby. Fresh doughnuts and cider will be available to warm our employees, patients, and visitors.

Mr. Richard K. Atwood makes moving day much easier for his daughter Sally.

Helen L. Jones makes her room in Harris Hall more like that of home, which is Quebec, Canada.

NEDH bowling league begins its 29th year

Strike one, strike two, strike three! Baseball at the Deaconess? No, it's bowling! On September 19 the first bowling ball of the season rolled down the aisle at the Boylston Bowladrome. Forty-eight members of the 1974-1975 NEDH bowling league turned out for its 29th year.

Last year's stars were all there: Peter Cataldo, Linda Bracken, Jim Dillahunt, Bob Simi, Sheila Meek, Ben Korzec, and Jay McCormick. With two more teams playing this year, the competition for top honors will be tough. June Forbes, Frank Walsh, Mary Trumble, Bob Mosey, Barry Glick, Mike Yasner, and Nelson Fox show promise as challengers.

Showing great concentration as well as skillful aim is Wally Hirtle, maintenance and engineering.

The game is vocal as well as athletic. There are boisterous cheers at perfect aims, and moans and groans at balls that end up in the gutter instead of in the strike zone.

To observe some of the fancy form and footwork of the Deaconess keglers, stop by the Bolyston Bowladrome any Thursday evening at 6 P.M. You might even want to play. (Call Mary Hennessey, extension 2060.)

Employees in action . . .

Mrs. Paula Ainsworth, R.N., instructor in the NEDH School of Nursing, was a quarter final winner and a semi-finalist in the Women's Golf Association of Massachusetts Class A Championship held July 29 - August 2 at the Brae Burn Counrty Club, Waban.

Mrs. Joanne Casella, assistant chief medical technologist in the department of pathology, has received her masters degree in medical laboratory science from Northeastern University. She is the first NEDH technologist to receive this degree.

Mrs. Irma A. Kellner, director of volunteers, was the group leader for the workshop "Defining Volunteer Program Policies, Goals, and Objectives," sponsored by the Voluntary Action Center on October 15 in Boston.

MR. JOSEPH SINOPOLI RETIRES. *After 14 years in the dietary department, Mr. Joseph Sinopoli retired September 27. Prior to employment at the Deaconess he worked for 27 years at the Standard Grocery in Boston, where he knew the fruit and vegetable business well. When he joined the Deaconess he worked in dietary's receiving room, checking the fruit, vegetables, and meat for freshness, and cleaning, making sure refrigeration, deep freeze, and main storeroom were spotless. For the past nine years he has been head supervisor in the dietary stockroom. Retirement will strengthen the close family and neighborhood ties he has enjoyed as a lifelong resident of Boston's North End where he lives with his wife Jennie. His three children, all grown and married, live nearby. At a retirement party attended by friends at the Deaconess and members of his family. Mr. Sinopoli is pictured with his son Richard, daughter-in-law Patricia, and Andrea and Richard, Jr., two of his grandchildren.*

Button up your overcoats — Flu season is here

The health center on Deaconess 2 is administering flu vaccine Tuesdays through Fridays, 11 A.M. to noon and 1:30 P.M. to 3 P.M. and recommends that each employee be vaccinated. Pensioners and retirees are also eligible. Employees who work during the evening may receive their shots from 4 P.M. to 5:30 P.M. on Mondays and Wednesdays. Night personnel will be accommodated any morning at 8 o'clock.

Those who should not be vaccinated are persons allergic to eggs, chicken or chicken feathers, and women who are in their first three months of pregnancy. Employees pregnant longer than three months must bring their obstetrician's written permission. Employees who have asthma or other allergic conditions should consult their doctors for approval.

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Concern about rising hospital costs pervades all segments of American society today. We all share this concern, for it is our business to provide the health services needed by our patients, and rising costs hamper this effort.

What are hospital costs?

Simply stated, when we speak of hospital costs we speak of dollars we spend to provide care for our patients. To provide specialized, personal, high-quality services, the largest amount of our dollars by far is spent for competent personnel like yourselves. Hospitals are a "people business" far more than industry which spends about 25 percent of its budget on employee wages. Hospitals are required to spend more than 60 percent of their budgets on personnel and, at the New England Deaconess Hospital, we must employ four people for each patient admitted in order to provide the care needed.

Cost of living and merit increases alone will mean an additional $1.8 million on our payroll this coming year and, unlike industry, hospitals cannot lay off employees in slack periods. Equipment and adequate staff must be available at all times and on a 24-hour basis. Cutting back on personnel permanently, which would cause reduction in the services offered, is our only recourse to cutting costs and we prefer not to elect this alternative. None of our groups, medical staff, patients, nor employees, would want it.

In addition, space age technology representing an investment of millions of dollars is bringing significant changes to health care in American hospitals. Providing equipment and supplies that are the latest, safest, most efficient, and most effective in serving the patient represents an increase in cost which must be passed on to the consumer in increased charges. For example, in 1940 the average charge for hospital treatment of coronary occlusion was $400 to $600 and many who were admitted with this condition died. Statistics now show the cost to be $3,-500 or more, but 84 of every 100 recover and live an average of 20 more years. This may not be true in all diseases, but surely in enough to make it an impressive fact. While the cost is great, no price tag can be placed on the lives saved.

Teaching hospitals, such as the Deaconess, are hit hard by the intensity of the service required to handle our more serious cases. The more complex care provided and the improved technology and skill needed to provide it, of course, cost money, but compared to 10 or 20 years ago there is greater and improved care given per dollar with a shorter hospital stay. In general people are living longer and healthier lives.

This coming year the Deaconess will be faced with numerous other expenses over which it has no control. For example,

a. Equipment which once lasted 15 years is now obsolete in 5, adding yearly costs
b. The increased cost of Blue Cross premiums, Social Security, Unemployment Tax, Disability Insurance, Pension costs, and Life Insurance add over $660,000 to our budget.
c. The additional cost of food has been estimated to be approximately $250,000.
d. Telephone rates will increase approximately $26,000.
e. Increases in electricity, steam, and chilled water rates add another $325,000 to our expenses.
f. Payroll increases of $1.8 million (as previously mentioned).
g. X-ray film at $20,000 and an estimated 13.5 percent in the cost of pharmaceuticals and other supplies amounting to $540,000 are also some of the uncontrollable expenses that have been added to the budget.

These are not all the answers to the question of hospital costs, and there is much to be done in studying ways of cost containment for health care. But, we hope this helps a little to understand some of the reasons for hospital costs being so high.

Primary nursing: a different concept

Thank you notes for excellent nursing care received at the Deaconess are not unique. They come to all floors in all seasons. But what is unique about letters from former patients on Palmer 4 is that they refer to a different concept in the delivery of nursing care.

The request to initiate the concept of primary nursing came in November, 1972 from Miss Florence McCarthy, R.N., nursing supervisor of Palmer, and was approved for a "trial run" by nursing administration. The staff on Palmer 4 was so enthusiastic that their recommendation to continue primary nursing care was adopted as the permanent method for that floor and was later introduced on Palmer 3 as well. It is a method of providing individualized nursing care and is founded on the philosophy that the patient, not the task, is the central focus for the nurse.

On Palmer 3 and 4 each primary nurse is responsible for the care of four patients. The preparation, administration, and supervision of the nursing care plan for each patient is her responsibility. She evaluates in detail the physical, emotional, social, and economic needs, habits, and resources of each of her patients. Familiarity with the available resources, personnel, and facilities of the hospital and community also is part of her job.

She evaluates patient symptoms, reactions, and progress through observation, recording, and reporting. Her name appears on the front of her patient's chart and it is with her that doctors, social workers, para-medical personnel, and other hospital personnel consult. Consultation with other health personnel, whether physician, physical therapist, or associate nurse, occurs on a collaborative, not subordinative, basis and is performed in a colleague relationship.

Whether or not she is on duty, the primary nurse is responsible to the patient for quality and continuity of care. When she is not on her shift, an associate nurse assumes the responsibility, but does not change the schedule and method of care that the primary nurse has planned unless indicated by a change in condition. A primary nurse may be an associate nurse to another patient while the primary nurse is off duty. And all staff nurses are both primary and associate nurses.

There is no pyramiding of nursing decision makers. The head nurse is still responsible for coordinating the care of all patients on her unit; her new role is to counsel, to guide, and to help the primary nurse develop the necessary skills and abilities which enable her to become accountable for the nursing decisions regarding each of her patients.

"In primary nursing the nurse does everything for the patient," says Miss Angie Del Monico, R.N., assistant head nurse on Palmer 4. "You're more aware of the whole patient rather than a portion of him. The reason we like primary nursing is that fewer people are involved with each patient."

The cooperation and enthusiasm of Miss Del Monico and Mrs. Jackie Woods, R.N., Palmer 4 head nurse, were instrumental in putting primary nursing into practice at the Deaconess. Miss Pat Basile, R.N., head nurse on Palmer 3, and Miss Helen Smith, R.N., assistant head nurse on that unit, observed how well the new system worked and requested implementing it on their floor.

Other supervisors have expressed an interest in extending the program to their units, and naturally Miss McCarthy would like to see the time when primary nursing is spread throughout the Deaconess! Possible extension of this plan is under discussion and consideration.

According to Ms. Judy Miller, R.N., instructor in the NEDH School of Nursing, primary nursing has been a good influence on her freshmen students. She has remarked that the experience they received on Palmer 4 with the primary nurse has provided them with the opportunity to work with a good role model.

Sylvia Nott, R.N., the nurse clinician in rehabilitation nursing feels there is improved communications in the system of primary nursing. "I only have to consult with the primary nurse who is responsible for carrying out the rehabilitation plan for the patient. And this person has an in-depth knowledge of the patient. She knows the physical and psychological state of the patient. There is, in my opinion, improved quality and continuity of care. I think primary nursing is great."

The patient, family, physician, and staff know who the primary nurse is and know to whom to turn for questions, counseling, advice, and consultation.

"Morale is good," concludes Miss Del Monico. "Ask anybody." And everybody seems to agree.

Primary nursing is individualized nursing care. Primary nurse Jill Kleeman, R.N., is responsible for Mrs. Elizabeth Hunter's total care from the time she enters the Deaconess until she goes home.

Both nurse clinician and doctor can refer to the 24-hour staffing board to see which nurse, primary or associate, is caring for their patient at that time. Pictured are Dr. Daniel J. Sigman, surgical resident, and Miss Connie Donovan, R.N., nurse clinician.

At the Palmer 4 nurses station head nurse Jackie Woods, R.N., and nursing supervisor Florence McCarthy, R.N., discuss the 24 hour condition report concerning all patients on the floor.

Dr. Charles Trey, gastroenterology, consults with primary nurse, Mrs. Jill Kleeman, R.N., regarding the care of one of their patients, while in the background Mrs. Jackie Wodds, R.N.,head nurse on Palmer 4, confers with another patient, Mrs. Elizabeth Hunter.

Doctors doings...

Dr. Joseph L. Andrews, Jr., internal medicine and pulmonary disease, published the article "Physiology and Treatment of Hypoxia" in the September 1974 issue of *Clinical Notes on Respiratory Diseases,* published by the American Lung Association.

* * *

Dr. A. Richard Christlieb, internal medicine, wrote the chapter "Diabetes and Hypertensive Vascular Disease" in the book *Hypertension, Mechanisms and Treatment,* edited by Dr. J. H. Laragh and published by Yorke Publishing Company, New York. His article "Renin: A Risk Factor for Cardiovascular Disease?" appeared in the *Annals of Internal Medicine,* volume 81, 1974.

Dr. Joseph B. Dowd, urology, was appointed president of the New England Section of the American Urological Association at its annual meeting in Bermuda in October.

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Olga Greengard, Ph.D., Cancer Research Institute, lectured on "Enzymic Maturation in Rat Tissues" at the Symposium on Steriod Effects in Developing Tissues at the International Congress on Hormonal Steriods held in Mexico on September 3.

* * *

Dr. W. Eugene Knox, Cancer Research Institute, presented the paper "Fetal enzymes and Isoenzymes in Cancer" at the Symposium on Diagnostic Biochemistry and Cancer during the meeting of the American Association of Clinical Chemists held in Las Vegas on August 20.

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Dr. Stanley E. Order, therapeutic radiology, co-authored the article "Serologic Immunotherapy: Results and Probable Mechanism of Action" in *Cancer,* July 1974.

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Dr. John L. Rowbotham, director of the Stoma Rehabilitation Clinic, lectured at the annual meeting of the American College of Surgeons held in Miami during October. Shown as part of the same program was a film made at the New England Deaconess Hospital by the American Cancer Society and entitled "Colon Stoma Replacement – A Prime Factor in Rehabilitation." The film will again be shown at the Clinical Film Festival at the annual meeting of the American Cancer Society. On November 1, at the National Conference of Advances in Cancer Management in New York City, Dr. Rowbotham presented the paper "Rehabilitation of the Patient with Colon Cancer" with special reference to stoma care.

Pathology laboratory reaccredited

The New England Deaconess Hospital Pathology Laboratory under the direction of Dr. Bradley E. Copeland, was awarded a certificate of reaccreditation last month by the College of American Pathologists, a medical specialty organization of more than 5,000 pathologists.

"This accreditation," emphasized Dr. R. C. Horn, Jr., President of the College, "reflects credit to the institution and means assurance to patients and physicians of the accuracy and precision of the laboratory's services."

The inspection and accreditation program of the Chicago-based College of American Pathologists is recognized as one of the most outstanding medical peer evaluation systems in the world. Its goal is to promote the best possible laboratory performance via a program which examines and evaluates all phases of a laboratory's operation.

Visitors to the annual open house observed demonstrations of nursing care.

School of Nursing hosts annual open house

The gathering was larger than ever and so was the enthusiasm as the NEDH School of Nursing hosted its annual open house on October 8 to introduce high school students, their families, and guidance counselors to the school.

This was the first year that the open house was held in coordination with the Peter Bent Brigham Hospital School of Nursing. From 1 P.M. to 3 P.M. visitors were given tours of the Deaconess, observed demonstrations of operating room and other nursing procedures, and saw a slide show depicting student life in the classroom, on the hospital floors, and at Harris Hall.

Seniors from the NEDH School of Nursing gave the demonstrations, while juniors led the tours. And faculty members were nearby to answer the many questions interested students asked about the school program, dormitory living, and the city itself. At 3 P.M. many of the high school students went to the Peter Bent Brigham School of Nursing to see their facilities.

Almost 300 visitors passed through Harris Hall – more than at any previous open house. Students came from as far away as Martha's Vineyard, Conway, New Hampshire; Portland, Maine; Warwick, Rhode Island; and East Hartford, Connecticut. Eighty-nine students requested applications, quite an increase over other years.

If the interest shown at the open house is any indication of the enthusiasm of future nursing students, next year's freshmen class will certainly flourish.

Stroke . . .

(Continued from page 1)

sing care was instrumental in helping them achieve their long term goals.

It was stressed by many participants in the conference that early and aggressive mobilization is important in rehabilitation and largely determines what degree of recovery the stroke patient is able to make.

New England Deaconess Hospital
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pulse

The New England Deaconess Hospital is a 482-bed and 16-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the independent medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine.

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PRIMARY NURSING:
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